



# City of Ontario

555 Stumbo Road Ontario, Ohio 44906

[www.ontarioohio.org](http://www.ontarioohio.org)

Tel: 419.529.3818

Fax: 419.529.6132

## FLEET REGISTRATION APPLICATION

The City of Ontario, Ohio has enacted Ordinance 15-23, on July 7, 2015, requiring all Fleet Owners working within the City limits to register your vehicles. A Fleet of vehicles includes any vehicle requiring a CDL license to operate, or equipment used to generate income. Registration runs from January 1 through December 31. You must apply for a renewal registration each calendar year.

All forms and applications must be typed or legibly printed.

No permit will be issued unless all required information is submitted.

### **Requirements for Fleet Registration for the City of Ontario, Ohio**

**The following is a list of requirements that must be submitted to the Ontario City Building for Fleet Registration:**

- 1.) Application for Fleet Registration.
- 2.) Complete Questionnaire for the Ontario Municipal Income Tax.
- 3.) A copy of Certificate of Liability Insurance in the amount not less than \$100,000 per person or \$300,000 per occurrence for bodily injury, and \$50,000 per accident for property damage (except automobile), must be submitted with the application. The City of Ontario must be listed as a Certificate Holder on the insurance policy.
- 4.) Payment must be submitted with the application. If there are no employees the applicant must submit a letter stating that there are currently no employees and if in the future they plan to hire employees they will file with the Bureau of Workers' Compensation and submit a Certificate.

### **FEES**

**Fees for Fleet permits are as follows:**

- \$25.00 per axle (includes front axle)
- The maximum number of vehicles that you need to register is three ( Must be 3 with highest number of axles)
- The fee for any vehicle that does not require a license plate, i.e. heavy equipment, construction equipment, plows, tractors, etc. but will travel on Ontario streets is \$100.00 per vehicle (maximum 3 vehicles)

Application is available on City website: [www.ontarioohio.org](http://www.ontarioohio.org)

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## FLEET REGISTRATION APPLICATION FORM

**\$25.00 per Axle**

(Maximum needed to register, 3 vehicles with highest number of axles)

**To be paid by check or money order NO CASH**

Individual\_\_ Partnership\_\_ Corporation\_\_

\_\_\_\_\_  
Name of Company                      Address                      City                      State                      Zip

\_\_\_\_\_  
Phone Number                      Fax Number

\_\_\_\_\_  
Name of Principle (If Individual)                      Social Security #                      Phone #

\_\_\_\_\_  
Address                      City                      State                      Zip

List Names of all partners if Partnership                      Social Security # of all Partners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of President (If Corporation)                      Federal I.D. #

\_\_\_\_\_  
Chief Financial Officer or Treasurer (if Corporation) \_\_\_\_\_

Description of type of business:

\_\_\_\_\_  
\_\_\_\_\_

Number of years in this business: \_\_\_\_\_

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## VEHICLE INFORMATION:

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Make: \_\_\_\_\_  
Year: \_\_\_\_\_ Plate# \_\_\_\_\_  
No. of Axles (including front axle) : \_\_\_\_\_

Total number of vehicles in fleet: \_\_\_\_\_

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## QUESTIONNAIRE ONTARIO MUNICIPAL INCOME TAX

THIS FORM MUST BE FILED WITH THE ONTARIO MUNICIPAL INCOME TAX OFFICE PRIOR TO  
APPROVAL AND/OR PERMIT ISSUANCE.

1. Starting Date \_\_\_\_\_
2. Name of Business \_\_\_\_\_
3. Address \_\_\_\_\_
4. If above is a branch; give address of main office \_\_\_\_\_  
Fax number \_\_\_\_\_ Nature of Business \_\_\_\_\_
5. Accounting Period \_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_
6. Do you presently employ one or more persons? \_\_\_\_\_
7. If not, do you expect to have employees in the future? \_\_\_\_\_ Y/N
8. Type of ownership (check one). Corporation ☐, Partnership ☐, Non-Profit ☐, Assoc. ☐,  
Individual Proprietorship ☐
9. If partnership, association or other unincorporated joint business venture, indicate how the Ontario City  
income tax return will be filed and paid in full by business ☐ or separately by individuals (give  
complete name(s) and address (es) on reverse side of form) \_\_\_\_\_
10. Send net profit returns to: \_\_\_\_\_ Send withholding forms to : \_\_\_\_\_  
(complete name and address) (complete name and address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Does your business rent from others ☐ Yes ☐ No If yes, please indicate complete name and address  
of property owner. \_\_\_\_\_
12. Federal I.D. Number \_\_\_\_\_ Name and address of statutory agent (This must be complete)  
\_\_\_\_\_
13. List complete names, addresses, and phone numbers of sub-contractors and estimate of time spent  
working in Ontario on reverse side.
14. Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone Number \_\_\_\_\_

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I acknowledge that I am authorized to sign this application and I/we will withhold and submit to the City of Ontario, Ohio those City taxes as outlined by the attachment describing Ordinance 97-6. I also acknowledge that all subcontractors will obtain a Permit. I am responsible to assure their compliance.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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## TO BE COMPLETED BY CITY OF ONTARIO

Fee Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_

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